



CHANGE OF ADDRESS - PROVIDER REQUIREMENTS BY PROVIDER TYPE						
PROVIDER TYPE (PT)	Doing Business Address (DBA) (no tax ID change)		Legal Entity Address; Check Mailing Address (no tax ID change)		Billing Address (no tax ID change)	
	New PID/SL	Required Action (s)	New PID/SL	Required Action (s)	New PID/SL	Required Action (s)
<b>INDIVIDUAL PROVIDER TYPES</b> PT-01 PHYSICIAN PT-02 OPTOMETRIST PT-03 OPTICIAN PT-04 OCULARIST PT-05 PSYCHOLOGIST PT-06 PODIATRIST PT-08 NURSE MIDWIFE PT-16 CHIROPRACTOR PT-17 NURSE PRACTITIONER PT-39 PHYSICIAN ASSISTANT PT-44 HEARING INSTRUMENT SPECIALIST PT-50 AUDIOLOGIST PT-51 CERTIFIED REGISTERED NURSE ANESTHETISTS PT-57 CLINICAL NURSE SPECIALIST (CNS) PT-78 PSYCHIATRIC CLINICAL NURSE SPECIALISTS (PCNS) PT-86 QMB ONLY PROVIDERS ( <b>Individuals</b> ) PT-90 PHARMACIST PT-92 CLINICAL SOCIAL WORKER	No	Update request on POSC or Provider Change of Address Form (CAD)		Individual providers (non-billing and not sole proprietor): Update request on POSC or Provider Change of Address Form (CAD) providers must list their home address as their legal address  Billing providers only : Submit Provider Change of Address Form (CAD) and MA W-9 (with original signature)		
<b>ENTITY PROVIDER TYPES</b> PT-36 DPH TRANSPORTATION (& DPH WAIVER) PT-49 TRANSPORTATION PT-95 COMPLEX CARE MANAGEMENT PT-99 RELATIONSHIP ENTITY PT-A5 CP CSA PT-A6 CP LTSS PT-A7 CP BH PT-A8 ELTSS CP PT-89 SCHOOL-BASED MEDICAID  PT-97 GROUP PRACTICE ORGANIZATION ( <i>group of therapists and dentists are excluded</i> )						<input type="checkbox"/> Update request on POSC or Provider Change of Address Form (CAD)  <input type="checkbox"/> Billing address must match DBA address if the NPI is linked to more than one PID/SL  <input type="checkbox"/> Non-Billing PID/SLs should list the appropriate billing address
PT-20 COMMUNITY HEALTH CENTER (CHC) PT-21 FAMILY PLANNING AGENCY PT-22 ABORTION/STERILIZATION CLINIC PT-25 RENAL DIALYSIS CLINIC PT-26 MENTAL HEALTH CENTER PT-28 SUBSTANCE ABUSE PROGRAM PT-29 EARLY INTERVENTION PT-31 VOLUME PURCHASER PT-33 CASE MANAGEMENT PT-35 STATE AGENCY SERVICES PT-40 PHARMACY PT-45 INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF) PT-46 CERTIFIED INDEPENDENT LABORATORY PT-53 ICF-MR STATE SCHOOL PT-55 REST HOME PT-65 PSYCHIATRIC DAY TREATMENT PT-70 ACUTE INPATIENT HOSPITAL PT-73 PSYCHIATRIC INPATIENT HOSPITAL (ALL AGES) PT-74 SUBSTANCE ADDICTION DISORDER INPATIENT HOSPITAL PT-75 SUBSTANCE ADDICTION DISORDER OUTPATIENT HOSPITAL PT-76 INTENSIVE RESIDENTIAL TREATMENT PROGRAM (IRTP) PT-80 ACUTE OUTPATIENT HOSPITAL PT-81 HOSPITAL LICENSED HEALTH CENTER (HLHC) PT-83 PSYCHIATRIC OUTPATIENT HOSPITAL PT-84 AMBULATORY SURGERY CENTER PT-86 QMB ONLY PROVIDERS ( <b>entities, organizations</b> ) PT-87 RADIATION ONCOLOGY TREATMENT CENTERS PT-91 INDIAN HEALTH SERVICES PT-97 GROUP PRACTICE ORGANIZATION (group of therapists and dentists) PT-96 LIMITED SERVICES CLINICS PT-98 SPECIAL PROGRAMS: Flu Vaccine - LPHP Vaccine PT-98 SPECIAL PROGRAMS: Certified Mastectomy Fitters (CMF)  PT-98 SPECIAL PROGRAMS: WIGS	Yes	<input type="checkbox"/> New Application  <input type="checkbox"/> Updated license or certification (if required)  <input type="checkbox"/> Submit an enrollment application via the POSC or contact MassHealth customer service for a paper application.	No	Non-billing providers: <input type="checkbox"/> Update request on POSC or Provider Change of Address Form (CAD)  Billing providers: <input type="checkbox"/> Submit Provider Change of Address Form (CAD) and MA W-9 (with original signature)	No	
PT-68 HOME CARE CORPORATION	No	Update must be submitted by ASAP				
PT-98 SPECIAL PROGRAMS: ABI/MFP Waivers	No	Update must be submitted by Umass				
<b>* Massachusetts Substitute W-9 form is not needed for no pay providers</b> <b>Note: If your provider type requires that you be enrolled with Medicare, you must update your address with Medicare.</b> <a href="#">LTSS providers - please go to the MassHealth LTSS Provider Portal</a> <a href="#">Dental providers - please go to the MassHealth Provider Web Portal</a> <a href="#">Provider Online Service Center (POSC)</a>						